

necrosis is present (unless there is actual pyometra) there is no increase in the white cells, probably because the sloughs are rapidly cast off and there is little absorption. No increase is observed when the lymph nodes are affected. Among the cases of fibromyoma which were studied with especial reference to leukocytosis, this was noted in only a single instance as a post-hemorrhagic phenomenon.

After the evacuation of abscesses by colpotomy a diminution in the number of leukocytes was promptly noted, unless pus-foci were not thoroughly drained. After abdominal section in pus cases there was at first a marked increase, which gradually declined to the normal if the case progressed smoothly. Imperfect drainage, mural abscess, etc., caused a fresh increase in the number of leukocytes. Even in aseptic cases the same degree of leukocytosis was noted on the first day after operation, although there might be no accompanying elevation of temperature. The writer explains this phenomenon on the theory that in every operation, no matter how aseptic, a certain amount of infectious material is introduced into the wound, the absorption of which into the circulation produces a marked irritation of the leukocytes.

Further observations during normal pregnancy and labor led the writer to the following conclusions: Leukocytosis is seldom found at the end of pregnancy. There is an increase during labor, most marked if the pains are severe and the labor prolonged. The maximum is reached an hour or two after the completion of the third stage. There is a gradual decline to normal on the fourth day.

The Uterus in Ectopic Gestation.—CAZEAUX (*Revue prat. d'obstétrique et de pédiatrie*, November, 1903) finds that in ectopic gestation the uterine mucosa is intensely congested and hypertrophied, interstitial hemorrhages being frequent. This explains why the passage of the curette usually causes bleeding. The pseudomembrane is rarely expelled in the shape of casts of the uterine cavity, the shreds being more often overlooked in the accompanying blood. This usually occurs early in the pregnancy, and does not by any means imply the death of the product of conception, but it is usually indicative of rupture or tubal abortion.

Cancerous Degeneration of the Cervix after Supravaginal Amputation.—RICHELOT (*Annales de gyn. et d'obstétrique*, December, 1903) concludes a paper on this subject with a positive expression of his preference for pan-hysterectomy in cases of fibroid where a radical operation is indicated.

He also believes that fibromyomata are only relatively benign. While, of course, it is not always necessary to remove them, he has seen too many patients with these neoplasms succumb to phlebitis or visceral disease, while under observation, to regard them as entirely innocent. While sarcomatous degeneration is rare, he does believe that cancer frequently develops in fibroid uteri in consequence of the accompanying endometritis. He cites two cases from his own practice and ten from the literature in which the cervix became cancerous after supravaginal amputation.

Obliteration of the Tubes.—RONSSE (*Annales de gyn. et d'obstétrique*, December, 1903), from experiments on animals, concludes that the

lumen of the tube can be completely obliterated by section between ligatures. He obtained the same results in six operations upon the human subject, and prefers this method to the more complicated ones that have been proposed. It cannot be denied that there is always a certain amount of risk of subsequent dilatation of the tube, so that the operation should not be resorted to unless it is clearly indicated, as after Cæsarean section, in tuberculous and cardiac cases, etc.

The writer criticises the operation proposed by Kehrer as liable to abuse and not free from danger.

Histology of Chronic Oophoritis.—PINTO (*Zentralblatt für Gynäkologie*, No. 23, 1904), after reviewing the various conflicting views with regard to the inflammatory nature of this affection, states the conclusions to which his own histological studies have led him. He objects to the division into interstitial and parenchymatous oophoritis, because it is hardly possible to separate the two varieties, even in the acute form. Since in some cases the cortical layer is first affected by contiguity, and in others the deeper portions of the ovary are primarily infected through the medium of the bloodvessels and lymphvessels, he suggests the terms "cortical" and "diffuse" oöphoritis. In the former the albuginea is thickened, partly from adhesions, the ovary being usually of nearly normal size; and, if the case is not of long standing, round-cell infiltration will be observed in the neighborhood of the vessels. Later portions of the stroma will be converted into firm fibrous tissue, containing islands of normal tissue with a few primary follicles. In the latter atrophy of the nuclei and degeneration of the protoplasm will be seen, especially in the more superficial follicles. They are not increased in number, and in some the epithelium and ovum may be practically unchanged.

In the diffuse variety the ovary is cirrhotic, with hyperplasia of the stroma and a diminution of the number of follicles, which, however, are normal or exhibit a tendency to atresia or cystic degeneration. The vessels show hyaline degeneration of the middle layer of the intima, obliterating endarteritis, or perivascular sclerosis. Round-cell infiltration is rare, but hemorrhagic foci are seen, both in the stroma and in the follicles. The appearances correspond to those usually described as interstitial oöphoritis, which may result in general sclerosis. The writer dissents from the opinions expressed by Martin and Orthmann, that cystic degeneration of the ovary is necessarily the result of a chronic inflammatory process in or around the ovary. As regards etiology, he believes that infection (gonorrhœal or septic) plays the principal role, though chronic congestion from any cause may act as a predisposing factor.

Changes in the Uterus in Ectopic Gestation.—CAZEAUX (*Revue prat. d'obstét. et de pédiatrie*, 1903, No. 11) says that in connection with tubal pregnancy the uterus is gradually pushed forward and to one side. If many adhesions are present it may be impossible to map out the body of the organ. The cervix remains softened, he affirms, as long as the product of conception is living, though this softening is not so marked as in normal pregnancy. The same applies to the corpus uteri, which becomes notably smaller and harder after the death of the fetus. The writer differs from some authorities in holding that pseudomembrane